

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004988

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

372

Primary Registration District No.

4545

Registrar's No.

2

FILED FEB 4 1963

1. PLACE OF DEATH  
a. COUNTY

WEBSTER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

MO WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MARSHFIELD

Length of stay in 1b

9 YRS

c. CITY OR TOWN

MARSHFIELD

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

441 E. WASHINGTON

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

441 E. WASHINGTON

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
FRANK SHIPMAN

4. DATE OF DEATH  
Month Day Year

JAN 29 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-14-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ARKANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

DAVE SHIPMAN

13b. MOTHER'S MAIDEN NAME

LUCINDA KESTER

14. NAME OF SPOUSE OR WIFE

IDA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address  
IDA SHIPMAN. MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

3 to 5 min

DUE TO (b)

coronary heart disease

1 year

DUE TO (c)

Gen arteriosclerosis

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Bronchitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1952 to Jan 29, 1963 and last saw him alive on Oct 11, 1962  
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. Macdonnell MD.

22b. ADDRESS

Marshfield, Mo

22c. DATE SIGNED

Jan 30, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

2-2-1963

23c. NAME OF CEMETERY OR CREMATORY

OSBORN

23d. LOCATION (City, town, or county)

SEARCH CO

(State)

ARK

24. FUNERAL DIRECTOR

BARBER-EDWARDS. MARSHFIELD

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-1-63

26. REGISTRAR'S SIGNATURE

Francis

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*George Stapp*

Licensed Embalmer No.

3161

P. O. Address

*Wm. J. Stapp, MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.